

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		1ST AMENDMENT		2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1	1				
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	1					
13	2					
14	2					
15	1					
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18	1					
19	2					
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TOTAL IND.	3					
TOTAL DEP.	41					
TOTAL CLAIMS	44					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						